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The Hamilton-Wentworth
Community Action Program for Children
(CAPC) Project:

Local Evaluation Report of the SKILLS THROUGH ACTIVITY AND RECREATION PROGRAM (STAR)



255 West Avenue North, Hamilton, Ontario L8L 5C8 tel: (905) 522-1148 • fax: (905) 522-9124 • t.d.d. (905) 522-0434





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Local Evaluation Report of the
SKILLS THROUGH ACTIVITY AND
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January 1998

Prepared by:

Marilyn Swinton
CAPC Evaluation Co-ordinator

From May 01 1994 - March 31 1997 (First Three Years of CAPC Funding)



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The views expressed herein do not necessarily represent the official policy of Health Canada.

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The views expressed herein are solely those of the author and/or the Community Action Program for Children Evaluation Committee and do not necessarily represent the official policy of the Social Planning and Research Council of Hamilton-Wentworth, Health Canada, or the Province of Ontario.

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS

EXECL	JTIVE SUMMARY	iii
1.0	INTRODUCTION	1
2.0	HISTORY OF THE CAPC PROJECT	2
3.0	THE CAPC CATCHMENT AREA 3.1. Risk Indicators in the CAPC Catchment Area 3.1.1 Income Levels 3.1.2 Social Assistance Rates 3.1.3 Additional Risk Indicators	4 5 5
4.0	SKILL DEFICITS IN SOCIO-ECONOMICALLY DISADVANTAGED CHILDREN 4.1 Risks Associated with Children Living in Poverty 4.2 The Need to address Anti-social Behaviour in Children	7
5.0	EVALUATION OF THE STARR PROGRAM 5.1 Program Development Form 5.2 Attendance Form 5.3 Focus Group with Parents of Child Participants	9
6.0	OVERVIEW OF THE PROGRAM	10
7.0	THE STAR SKILL DEVELOPMENT LADDER	14
8.0	8.6 Developmental Stages of the STAR Program	15 16 16 17 17 18 19
9.0	SUMMARY OF DATA FROM FOCUS GROUP HELD WITH PARENTS OF PARTICIPANTS IN STAR'S LEARN-IN-PLAY PROGRAM 9.1 Benefits Parents Saw in the Program 9.2 Changes parents Noticed in Their Children Since they Started Attending Learning-in-Play 9.3 What Children are Like when the Come Home After A Session 9.4 Other Comments Parents Made About the Program	2121212121

10.0	CASE SCENARIOS OF STAR PARTICIPANTS 10.1 Case One 10.2 Case Two	22
11.0	RECOMMENDATIONS FOR FUTURE PLANNING AND EVALUATION	23
12.0	CONCLUSIONS	24
15.0	REFERENCES	2

APPENDENCES

APPENDIX ONE: Program Development Form APPENDIX TWO: Map of CAPC Catchment Area

EXECUTIVE SUMMARY

The Hamilton-Wentworth CAPC Project:

A collaborative effort of five community agencies (The Regional Community Services Department, The Regional Public Health Department, St. Joseph's Community Health Centre, The Skills Through Activity and Recreation Program [STAR] and The Social Planning and Research Council of Hamilton-Wentworth). The CAPC project provides six programs for families "at-risk" who reside in East Hamilton and Stoney Creek. The goals of the CAPC project are three-fold: to improve prenatal and infant nutrition, to make parenting easier and to reduce the potential for child abuse and neglect (through community empowerment).

The STAR Program:

The STAR program offers children living in three densely populated public housing complexes (Oriole, Kenora and Congress) the opportunity to participate in skill development programs at no cost. By offering the programs in the housing complex, there is no transportation barrier. Staff are available to walk children to and from activities offered within the complex, and if any activities are offered outside the complex then bus/van transportation is offered for free. Staff actively engage the children in programs, by phoning reminders to the child's household prior to each session of each program offered.

The activities of the STAR program focus on developing social skills, educational and creative skills and physical skills. Programs vary from physical activities such as Soccer, Learn-In-Play, and Swimming to intellectual and creative activities such as Reading Circle, Art and Kreative Korner.

Through its programming, the STAR program assists in making parenting easier. While children are developing their skills, parents are enjoying a break from their children. Since the child's social skills are emphasized and tracked, the children are provided with an opportunity to manage their behaviour through the setting of limits, and their behaviour may be more manageable at home as a result of their involvement in the STAR program.

(iii)

Skill Deficits in Socio-Economically Disadvantaged Children

The STAR program was modelled on a similar program in Ottawa which was developed in response to findings from a research study which compared middle-class children and children living in subsidized housing on the following measures: school performance, emotional adjustment & skill development (sport and non-sport activities). This study (Offord, 1985) found that children living in subsidized housing were disadvantaged compared to their middle class peers. Findings about children living in subsidized housing included: (i) they were 4x as likely to have repeated a grade (ii) they were perceived by their teachers as hyperactive almost 4x as often as their middle-class peers and (iii) they had 1/2 to 1/3 the rate of instruction in music, hockey and swimming. The study concluded that intervention programs aimed at raising the quality of life of socio-economically disadvantaged children should focus on these deficits in skills development. The Ontario Child Health Survey in 1983 confirmed the deficit in skill development in children who live in poverty. This deficit in skill development has been partially attributed to the fact that children living in poverty cannot participate in competitive sports programs because their families cannot afford the registration fees, and, their families cannot provide the needed transportation and encouragement.

Description of STAR Programs Developed for 5 & 6 Year Olds

Prior to the CAPC funding, STAR did offer its traditional programs to children aged 5 and 6 years old. Past evaluations indicated that participation in this age group was very low, which was attributed to the lack of programs specifically designed for, and tailored to younger children.

When STAR received the CAPC funding, it hired a recreational program co-ordinator to develop and implement programs specifically for children aged 5 and 6 years old. Programs were developed which would introduce younger children to the sport and non-sport activity programs which STAR offers to older children, with the thought being that children will be more confident to participate at an older age in the STAR programs. These programs also focus on social skill development which prepares children for school.

Learn-In-Play

This program is an introduction to sports and physical activities. Each week, during the hour session, the children are exposed to equipment and activities related to a particular sport or activity (e.g. basketball, soccer, music, dance, etc.). Skills which are developed include: large and fine motor movement, muscle co-ordination, knowledge of rules, and co-operation. There is also a related craft during the one hour program session.

Kreative Korner

This weekly program offers half hour sessions which introduce arts and crafts to the five and six year olds. Activities include: learning about colours, scissor safety, painting, colouring, cutting and gluing. Skills developed include fine motor movement, creativity, co-operation and social skills.

Green Club

This program provides children with an opportunity to learn about nature and the environment. Activities include: nature walks, outdoor games, crafts made with an emphasis on re-cycling and planting. Skills developed include: knowledge of the environment, listening and social skills.

<u>Data from Focus Group held with Parents of Participants in STAR's Learn-In-Play</u> <u>Program</u>

Benefits Parents Saw in the Program:

- "it gives them a bit of structure"
- "they aren't running around wild"
- "it gives them a chance to have new friends"
- there's a lot of programs, its like a routine

<u>Changes Parents Noticed in Their Children Since They Started Attending</u> <u>Learn-In-Play:</u>

- "they're a little calmer"
- "they can't play out front"

• "my son reminds me everyday that he has something to do, "is it time to go yet?" first thing in the morning, 8:30, "what day is it? How many hours until it's time to go?"

Attendance

As can be seen from the table below, the number of children aged 5 & 6 years old participating in STAR programs has increased since the introduction of age-specific programming for them in the Summer of 1994.

The Total Number Of Children Aged 5 & 6 Participating In Star Programs

Date of Session	Total Number of Children Aged 5 & 6 Participating
Winter 1994 (BEFORE CAPC FUNDING)	24
Summer 1994	70
Fall 1994	65
Winter 1995	49
Summer 1995	74
Fall 1995	58
Winter 1996	107
Summer 1996	122
Fall 1996	120
Winter 1997	112

Recommendations for Future Planning and Evaluation

- track children who participate in the programs for 5 & 6 year-olds to determine the number of these children who continue to participate in STAR programs
- conduct another focus group with parents of children aged 5 & 6 who have participated in at least two of the STAR programs for this age group

 develop a strategy to capture the links of STAR to other programs (i.e. parents of some children attend the other CAPC programs but there is no way to capture this)

Conclusions

Based on data collected from April 01 1994 - March 31 1997, the STAR program has successfully used its CAPC funding to develop and implement recreational programs for children aged 5 and 6. Three new programs were developed specifically for children aged 5 and 6: Learn In Play, Kreative Korner and Green Club.

Since the winter of 1996, in each term (winter, summer, fall) over one-hundred children aged five and six who live in public housing have participated in STAR programming which includes creative programs and physical activity programs. For each of these terms, over 40% of the children have sustained participation, that is, they have attended more than half of the program sessions offered.

Data from a focus group held with parents of children in the STAR program indicate that the parents value the program and see positive changes in their child which they attribute to the program.

The STAR program should continue to offer its programs specifically designed for children aged 5 and 6 years old.

The Hamilton-Wentworth Community Action Program for Children (CAPC) Project Local Evaluation Report of the Parents Helping Parents Program

	25 25 26 28 29
9.0 DEVELOPMENTAL STAGES OF THE PROGRAM 9.1 Why Participants Take Part in the Parents Helping Parents Program	30
10.0 QUALITATIVE DATA FROM INTERVIEW QUESTIONS INCLUDED IN THE PARENTS HELPING	
PARENTS QUESTIONNAIRE 10.1 What Problems or Concerns Do you Have With Your Child? 10.2 What Problems or Concerns Do You Have Living Here? 10.3 Who helps you with these problems?	32 32 33 34
11.0 RESOURCE PARENT COMMENTS	35
12.0 PRELIMINARY RESULTS FROM THE PARENTS HELPING PARENTS PROGRAM	
LONGITUDINAL STUDY QUESTIONNAIRE 12.1 Awareness of Community Resources 12.2 Minnesota Infant Development Inventory 12.3 Awareness of Community Resources	37 37
13.0 PARENTS HELPING PARENTS PROGRAM OBJECTIVE, INDICATORS & OUTCOMES	41
14.0 RECOMMENDATIONS FOR FUTURE PLANNING AND EVALUATION	43
15.0 CONCLUSIONS	44
16.0 REFERENCES	45

Appendices

Appendix One: Program Development Form

Appendix Two: Demographic Information Form

Appendix Three: The Parents Helping Parents Questionnaire

Appendix Four: Map of the CAPC Catchment Area

"My son reminds me everyday that he has something to do, <u>"is it</u> time to go yet?, is it time to go yet?" first thing in the morning, 8:30, "what day is it? How many hours until its time to go?"

Comment Made by a Parent of a Child Involved in the Learn In Play Program of STAR

1.0 INTRODUCTION

This report summarizes evaluation findings from the STAR program for the first three years it received CAPC funding from Health Canada (May 01 1994 - March 31 1997).

This report is one in a series of eight evaluation reports written on the Hamilton-Wentworth CAPC Project. These other reports, which include reports on the other six CAPC programs and a report on the overall project are available through the Social Planning and Research Council of Hamilton-Wentworth.

STAR is one of six programs under the umbrella of the Hamilton-Wentworth CAPC project which works with families 'at-risk' to improve the health and well-being of children aged zero (prenatal) to six years. Families 'at-risk' include families who are living on limited incomes and/or experience social isolation. The goals of the CAPC project are three-fold: to improve prenatal and infant nutrition, to make parenting easier, and to reduce child abuse and neglect (through community empowerment).

The STAR program offers children living in three densely populated public housing complexes (Oriole, Kenora and Congress) the opportunity to participate in skill development programs at no cost. By offering the programs in the housing complex, there is no transportation barrier. Staff are available to walk children to and from activities offered within the complex, and if any activities are offered outside the complex then bus/van transportation is offered for free. Staff actively engage the children in programs, by phoning reminders to the child's household prior to each session of each program offered.

The activities of the STAR program focus on developing social skills, educational and creative skills and physical skills. Programs vary from physical activities such as Soccer, Learn-In-Play, and Swimming to intellectual and creative activities such as Reading Circle, art and Kreative Korner.

Through its programming, the STAR program assists in making parenting easier. While children are developing their skills, parents are enjoying a break from their children. Since the child's social skills are emphasized and tracked, the children are provided with an opportunity to manage their behaviour through the setting of limits, and their behaviour may be more manageable at home as a result of their involvement in the STAR program.



2.0 HISTORY OF THE CAPC PROJECT

The CAPC funding in Hamilton-Wentworth is the successful result of a proposal submitted to Health Canada. The proposal was a collaborative effort of the following five community agencies: The Regional Community Services Department, The Regional Public Health Department, St. Joseph's Community Health Centre, The Skills Through Activity and Recreation Program (STAR) and The Social Planning and Research Council of Hamilton-Wentworth.

Health Canada granted the project 1.5 million dollars for a three-year pilot (April 01 1994 - March 31 1997). This money was used to develop a CAPC infra-structure and fund the seven programs that were outlined in the original proposal. Three of these programs were existing programs (Baby's Best Start, Nobody's Perfect and STAR), which received enhanced funding to deliver more services in the CAPC catchment area. Four of the programs were new initiatives. (Community Access to Child Health [CATCH], the Community Support Worker Program, the Parents Helping Parents Program and the Student Parent Resource Area/Young Parent Program), designed specifically to work with families "at-risk" living in East Hamilton and Stoney Creek. A portion of the money was committed to evaluating the programs and the project.

In addition to funding from Health Canada, the five partner agencies of the CAPC project have contributed significant amounts of professional time, program resources and office space which are essential to the success of the project.

In March 1997, the Hamilton-Wentworth CAPC Project received confirmation from Health Canada that it was successful in the renewal process, and full funding was secured for an additional three years (April 01 1997 - March 31 2000).

2.1 History Of The Hamilton-Wentworth Star Program

The STAR program was already being offered at the three public housing sites in the spring of 1994 when the CAPC funding arrived in Hamilton arrived. The Hamilton Housing Authority donates space at each housing complex for STAR to offer programs. In these housing sites, the majority of residents are on social assistance, and there is a high number of single parents.

Thus, the residents in these housing sites are "'t-risk", and fit the criteria for CAPC programming. Given that STAR provides a pro-social environment for children, enhances their lifeskills and increases their quality of life through recreation, the STAR program is viewed as an important part of the Hamilton-Wentworth CAPC project.

An agency involved in the writing of the CAPC proposal, and currently one of the lead partners in the collaborative effort which results in the CAPC project, STAR received funding from CAPC to increase its programming for 5 & 6 year olds. Traditionally, 5 & 6 year olds were invited to participate in STAR programming but there was no programming tailored specifically for them.

STAR used the funding received from CAPC to hire a full-time staff person with recreational training to develop and implement new programs for children aged 5 and 6. This staff person also recruited and trained volunteers from the community to assist with implementing these programs.

Programs offered to five and six year-olds include: Learn In Play, Kreative Korner, Reading Circle, Swimming, Karate, T-ball, Dance and Gymnastics. These programs are always filled to capacity, usually with long waiting lists.

3.0 THE CAPC CATCHMENT AREA

The CAPC catchment area encompasses East Hamilton and the town of Stoney Creek. This geographic area was chosen because it is an underserviced area of the region where a high concentration of high risk families reside. Needs assessments of both residents and agencies/churches/organizations within the area indicate that large numbers of the population are disadvantaged. Furthermore, residents of this area do not have local access to many of the services, resources and facilities enjoyed by residents of other areas in the Hamilton-Wentworth region. The CAPC catchment area has the following boundaries (see map, appendix).

West Boundary: Strathearne Avenue & Cochrane Road

• East Boundary: Fifty Road

North Boundary: Lake Ontario

South Boundary: the brow of the escarpment

3.1 Risk Indicators in the CAPC Catchment Area

At the time of writing the CAPC proposal, the following risk indicators were identified in the catchment area through reviewing Regional Community Services records, conducting focus groups with residents and agency representatives, interviewing priests/ministers of churches, and reviewing census tract data:

- high levels of unemployment
- high levels of poverty and related undernutrition
- poor parenting skills among many isolated, disadvantaged families
- · escalated frequency of violence including child abuse
- lack of locally accessible formal and informal resources (health, social, recreational, and cultural)
- high rates or low income families
- high rates of single parent families
- low literacy rates

A recent Risk and Capacity Profile of Hamilton-Wentworth (Henry, 1997) revealed that Hamilton is at a significantly higher risk for poverty and social assistance compared to both the Province and the country. A brief description of these risk factors follows:

3.1.1 Income Levels

In terms of income levels, the City of Hamilton and the town of Stoney Creek are the two poorest areas within the region of Hamilton-Wentworth. The City of Hamilton has an average income which is below both the Canadian and Ontario averages. Henry (1997), reports, using 1991 data from Statistics Canada, the following figures:

TABLE 3.1 INCOME LEVELS

Geographic Area	Poverty Rate (number of families earning < \$20 000)
Canada	16.8%
Ontario	13.1%
City of Hamilton	17.4%
Town of Stoney Creek	8.8%

The academic research literature has consistently shown that poverty correlates with more negative outcomes for children than any other single factor. In his "Risk and Capacity Profile of Hamilton-Wentworth", Henry lists the following outcomes as being associated with child poverty:

- higher infant mortality, low birth-weight babies and chronic health problems
- reduced opportunities for developing a secure attachment to a caregiver in infancy
- · a higher risk of being abused
- an increased likelihood that the child will make use of physical aggression in relating to others
- a greater risk for emotional and psychological problems
- a greater risk for suicide
- less opportunity to develop social skills
- poor school performance

3.1.2 Social Assistance Rates

Social assistance rates are often used an indicator of poverty in a city or region. Henry (1997), reports that in 1995, 14.9% of the population in the Hamilton-Wentworth region (the region includes Hamilton, Stoney Creek, Flamborough, Glanbrook, Ancaster and Dundas) were receiving social assistance.

This is higher than the total social assistance rate for Ontario in 1995. In more detail, in 1995, more than 45 000 people in Hamilton-Wentworth were receiving General Welfare Assistance (GWA) and more than 45 000 people were in receipt of the Family Benefits Allowance (FBA).

Subtracting the social assistance rate for the region (14.9%) from the poverty rate for the region (17.4%) reveals that, in 1995, 2.5% of the population in Hamilton-Wentworth would be categorized as "working poor".

3.1.3 Additional Risk Indicators:

IMMIGRATION

Over 20% of residents in Hamilton-Wentworth identify a language other then English as their mother tongue (Henry, 1997). This is reflective of the presence of both long-term immigrants (e.g. Italian, Polish, Cambodian) and more recent immigrants from war-torn countries (e.g. Croatia, Slovenia, and Serbia). Past experiences of these immigrants combined with barriers such as language, racism, and cultural insensitivity result in a lack of access to traditional health and social services, and a higher risk for negative outcomes.

The presence of these high risks in the region resulted in a recommendation in the Risk and Capacity Profile "to increase investment in families with children younger than six who live in neighbourhoods with high rates of poverty and social service use, to prevent the need for further services." This recommendation is in line with the work which the CAPC project is doing.



4.0 SKILL DEFICITS IN SOCIO-ECONOMICALLY DISADVANTAGED CHILDREN

The STAR program is based on a skill development program in Ottawa called PALS. This program was developed in response to findings from a research study which compared middle-class children and children living in subsidized housing on the following measures: school performance, emotional adjustment & skill development (sport and non-sport activities). This study (Offord, 1985) found that children living in subsidized housing were disadvantaged compared to their middle class peers. Findings about children living in subsidized housing included: (i) they were 4x as likely to have repeated a grade (ii) they were perceived by their teachers as hyperactive almost 4x as often as their middle-class peers and (iii) they had 1/2 to 1/3 the rate of instruction in music, hockey and swimming. The study concluded that intervention programs aimed at raising the quality of life of socio-economically disadvantaged children should focus on these deficits in skills development.

The Ontario Child Health Survey in 1983 confirmed the deficit in skill development in children who live in poverty.

This deficit in skill development has been partially attributed to the fact that children living in poverty cannot participate in competitive sports programs because their families cannot afford the registration fees, and, their families cannot provide the needed transportation and encouragement.

4.1 Risks Associated with Children Living in Poverty

The academic research literature states that economically disadvantaged children are at increased risk for anti - social behaviour. Children with anti - social behaviours in turn, exhibit associated problems such as poor school performance and difficulties in getting along with their peers, teachers and parents. These children are also at increased risk for contact with the juvenile justice system, alcohol and drug abuse, and becoming adults with anti - social behaviour.

4.2 The Need to Address Anti-social Behaviour in Children

The costs incurred due to childhood mental disorders, in particular conduct disorder, are very high. These costs include use of health related services and drugs, and societal costs such as those incurred by antisocial children who have contact with the juvenile justice system. Therefore, an effective intervention or primary prevention strategy aimed at reducing anti-social behaviour in children is necessary. Given that

individual treatment is very expensive, and given the difficulty encountered in initiating and maintaining treatment with

socio-economically disadvantaged families, it is very difficult to ensure compliance with traditional treatments.

A need for an intervention which targets populations of children at-risk of conduct disorder was identified. From this identified need, came the PALS project in Ottawa, Participate and Learn Skills. This program was first offered in January 1980. It is from this program, that STAR has its origins. An evaluation of the PALS project found a reduction in anti-social behaviour among the program participants. This evaluation also noted that children at the low and high ends of the age interval served (5-12) had lower rates of participation, which were attributed to the fact that programming was not geared to these age groups. This supports the need for programming tailored specifically to 5 & 6 years olds, as is currently being done in the Hamilton-Wentworth STAR program, with CAPC funding.

5.0 EVALUATION OF THE STAR PROGRAM

This report summarizes the evaluation findings of the STAR program as part of the CAPC project. The Hamilton-Wentworth CAPC Project is evaluated at three different levels: the national level, the regional level (which is the province of Ontario) and the local level.

The local evaluation plan was developed to incorporate required components of the national and regional evaluations, in addition to components which the evaluation committee decided were important to the local level.

A brief description of the components of the STAR program's evaluation follows:

5.1 Program Development Form (Appendix one)

- developed for the National CAPC Evaluation
- •collects information on the stage of development of the program, the lessons learned in terms of development and management of the program as well as changes made to the program

5.2 Attendance Form (Appendix two)

• collects information on the number of participants who attend program sessions

5.3 Focus Group with Parents of Child Participants (Appendix three)

- parents of participants are brought together to discuss how they found out about the program, what benefits they see in the program for their children, what changes (if any) they observe in their child which they attribute to the program, their opinions on the program and what changes (if any) they would like to see made to the program
- a focus group was held with six parents of children who participate in the Learn-in-Play program



6.0 AN OVERVIEW OF THE STAR PROGRAM

The information in this overview comes from evaluation forms completed as part of the National CAPC Evaluation. The headings and descriptions are pre-determined on the form, and are not written by program staff. When completing these forms, program staff are required to check off which options in a question best reflect the nature of the program.

Program Components:

- child focused programs which include opportunities for stimulation, socialization, skill development, cultural enrichment
- · community development focused programs

Problems/Issues the Program Addresses:

- developing social skills and other physical skill development
- physical and mental health and well-being
- improving self-confidence
- · decreasing boredom and deviant behaviour

Benefits to Children Expected to Result from Program Activities:

- improved physical health
- improved socio-emotional health including better interpersonal functioning, more self-esteem and happiness

Benefits to Parents Expected to Result from Program Activities:

- mental health break from their children
- enforcement of behaviour modification from parents

Benefits to Neighbourhoods or Communities Expected from Program Activities:

- higher levels of cohesion, affiliation or connectedness
- improved safety or security
- more resources such as parks, playgrounds, recreational facilities, etc

Benefits to the Service Delivery Network:

- higher levels of integration, co-ordination
- increased availability and accessibility of services

STAR Serves:

- one parent families
- families with few material resources evidenced by low income, over crowded or inadequate housing, shortages of food or clothing
- families referred by the existing service system (e.g. public health, child welfare services, children's mental health etc.) as needing special help or support children who need supplemental care or opportunities for learning, socialization or skill development

Key Objectives of STAR:

- improve skill development in children
- improve social skills
- improve self-confidence and self-concept
- deter deviant behaviour

Major Activities/Content of STAR:

• skill development programs including: Reading Circle, Karate, T-Ball, Learn-In-Play, Dance, Swimming, Day Camp, Hockey

STAR Programming Occurs At:

- the gymnasiums of local schools
- the playing fields of local parks
- the STAR offices at the three different sites (Oriole, Kenora, Congress)

Agencies, Organizations, & Groups That Contribute to Delivery of the Program:

- Board of Education
- The City of Hamilton
- The YWCA
- The Kiwanis Boys & Girls Club

- S.T.A.R. Tenants Association
- Hamilton-Wentworth Housing Authority

Roles Available For Consumers In Delivering the STAR Program:

- a volunteer role for identifying and enlisting participants
- a volunteer role in providing services

Roles Available For Consumers In The Governing of the Star Program:

- informal opportunities to express their views and opinions about the program
- membership in working groups and on planning committees that make recommendations for running the program to the steering committee, however, they do not have control over decisions made about the program.

Description Of Star Programs Developed For 5 & 6 Year Olds

Prior to the CAPC funding, STAR did offer its traditional programs to children aged 5 and 6 years old. Past evaluations indicated that participation in this age group was very low, which was attributed to the lack of programs specifically designed for, and tailored to younger children.

When STAR received the CAPC funding, it hired a recreational program co-ordinator to develop and implement programs specifically for children aged 5 and 6 years old. Programs were developed which would introduce younger children to the sport and non-sport activity programs which STAR offers to older children, with the thought being that children will be more confident to participate at an older age in the STAR programs. These programs also focus on social skill development which prepares children for school.

Learn In Play

This program is an introduction to sports and physical activities. Each week, during the hour session, the children are exposed to equipment and activities related to a particular sport or activity (e.g. basketball, soccer, music, dance, etc.). Skills which are developed include: large and fine motor movement, muscle co-ordination, knowledge of rules, and co-operation. There is also a related craft during the one hour program session.

Kreative Korner

This weekly program offers half hour sessions which introduce arts and crafts to the five and six year olds. Activities include: learning about colours, scissor safety, painting, colouring, cutting and gluing. Skills developed include fine motor movement, creativity, co-operation and social skills.

Green Club

This program provides children with an opportunity to learn about nature and the environment. Activities include: nature walks, outdoor games, crafts made with an emphasis on re-cycling and planting. Skills developed include: knowledge of the environment, listening and social skills.

7.0 THE STAR SKILL DEVELOPMENT LADDER

The STAR program uses a skill development ladder to measure a child's progress through the program

TABLE 7.1: STAR DEVELOPMENT LADDER

First Rung of the Ladder	Child participates in an activity
Second Rung of the Ladder	Child has sustained participation, that is the child has attended at least 50% of the sessions offered for an activity
Third Rung of the Ladder	Skill acquisition is measured in terms of the number of hours of supervised instruction that it takes for the average child to reach a given skill level
Fourth Rung of the Ladder	The child is integrated into an on-going league or other community program.

Data is collected specifically on the 5 and 6 year olds for the CAPC evaluation. To date, data have been collected on:

- the number of spots in STAR programs filled by children aged 5 & 6 years old
- the total number of 5 & 6 year olds participating as well as the percentage this is of the number of 5 & 6 year olds living in the housing complex
- the number of 5 & 6 year olds with sustained participation (50% or more)

The data is presented for the three sites (Oriole, Kenora, & Congress) combined.

8.0 ATTENDANCE

As can be seen from the table below, the number of children aged 5 & 6 years old participating in STAR programs has increased since the introduction of age-specific programming for them in the Summer of 1994.

8.1 The Total Number of Children Aged 5 & 6 Participating in STAR Programs:

TABLE 8.1 THE TOTAL NUMBER OF CHILDREN AGED 5 & 6

PARTICIPATING IN STAR PROGRAMS

Date of Session	Total Number of Children Aged 5 & 6 Participating
Winter 1994 (BEFORE CAPC FUNDING)	24
Summer 1994	70
Fall 1994	65
Winter 1995	49
Summer 1995	74
Fall 1995	58
Winter 1996	107
Summer 1996	122
Fall 1996	120
Winter 1997	112

Attendance fluctuates for a variety of reasons, including:

- the number of children aged 5 & 6 living in the public housing surveys where STAR is offered, there is a high turnover for housing in these complexes
- the timing of children turning seven, and no longer being part of attendance
- summer attendance is affected by children going away on camping trips
- some children sign up for all of the activities available, then do not attend them all, which affects attendance rates

• some program times which are offered are not well attended (e.g. 5.30 am time frame in a fall term was well attended until the daylight savings time change came into effect, then attendance dropped off)

8.2 The Total Number of STAR Program Spots Filled by Children Aged 5 & 6 Years Old:

TABLE: 8.2: THE TOTAL NUMBER OF STAR PROGRAM SPOTS FILLED BY CHILDREN AGED 5 & 6 YEARS OLD

Date Of Session	Total Number of Program Spots Filled by 5 & 6 Year Olds
Winter 1996	139
Summer 1996	196
Fall 1996	135
Winter 1997	145

8.3 Number of Multi-Cultural Children Aged 5 & 6 Attending STAR Programs:

TABLE 8.3: NUMBER OF MULTI-CULTURAL CHILDREN AGED 5 & 6 ATTENDING STAR PROGRAMS

Date of Session	Total Number of Children Aged 5 & 6 Participating	Number of Multi-Cultural Children (%)
Winter 1996	107	14 (13%)
Summer 1996	122	27 (22%)
Fall 1996	67	23 (34%)
Winter 1997	112	22 (20%)

8.4 Number of Children Aged 5 & 6 in STAR Programs with Sustained Participation:

TABLE 8.4: NUMBER OF CHILDREN AGED 5 & 6 IN STAR PROGRAMS WITH SUSTAINED PARTICIPATION (ATTEND 50% OR MORE OF PROGRAM SESSIONS)

Date of Session	Total Number of Children Aged 5 & 6 Participating	Number of Children with Sustained Participation (%)
Winter 1996	107	44 (41.1%)
Summer 1996	122	51 (41 8%)
Fall 1996	120	57 (47 5%)
Winter 1997	112	47 (42%)

8.5 Total Number of Skill Levels Passed by Children Aged 5 & 6 Years Old:

TABLE 8.5: TOTAL NUMBER OF SKILL LEVELS PASSED BY CHILDREN AGED 5 & 6 YEARS OLD

In order to pass a skill level, the child must attain 70% of the skills related to the activity. For children aged 5 & 6, these skills levels do not reflect skill acquisition but rather an understanding of the activity and a willingness to attempt (if not master) the skills. Social skills such as co-operation and waiting for a turn are also included for this age.

Date of Session	Total Number of Spots Filled by 5 & 6 Year Olds	Total Number of Skill Levels Passed
Winter 1996	139	78
Summer 1996	196	123
Fall 1996	135	53
Winter 1997	145	61

The Hamilton-Wentworth Community Action Program for Children (CAPC) Project. Local Evaluation Report of the Skills Through Activity and Recreation Program (STAR)

8.6 Developmental Stages of the STAR Program:

TABLE 8.6 DEVELOPMENTAL STAGES OF THE STAR PROGRAM

	May 1994	Jan 1995	June 1995	Sept 1995	April 1996	Oct 1996	April 1997
Planning and operational aspects of the program were worked out: the program was running at or near capacity and major issues such as engaging participants, program content, etc. have been resolved.	>	<i>></i>	>	>			
It is now fully operational and running as planned.					>	>	>

The Hamilton-Wentworth Community Action Program for Children (CAPC) Project. Local Evaluation Report of the Skills Through Activity and Recreation Program (STAR)

8.7 Lessons Learned by the STAR Program:

TABLE 8.7: LESSONS LEARNED BY THE STAR PROGRAM

	June 1995	September 1995	April 1996	October 1996	April 1997
GOVERNANCE	we need to focus more on letting volunteers run & organize programs & have staff as facilitators rather then the people doing everything	 allow volunteers to implement more program activities to gain confidence 	• student leaders in training started teaching the programs for 5 & 6 year olds	staff should be doing more home interviews due to the high number of new families which have moved into the housing complexes	 need to run a workshop on Reading Circles for staff
DEVELOPMENT	• we can expand the programs for 5 & 6 year olds to a greater number of children by offering them at all 3 sites (Oriole, Congress & Kenora)	• it would be good to expand programming for 5 & 6 year olds by adding more programs and more times			• need to have a backup plan for extra activities when there is low attendance
ОТНЕК	we recruited volunteers to help with Learn-In-Play, as we never did before the children really like to be active rather than passive, the more energetic the programs, the better!	try and recruit more children to make higher numbers, involve new kids in the program balance of passive and active activities needed - variety	• karate - 5-6 year olds have shorter attention spans, don't focus on it for this age • children like to be active	children losing interest at the Kenora and Congress sites, also lost an instructor more participation is needed to maintain interest	

The Hamilton-Wentworth Community Action Program for Children (CAPC) Project: Local Evaluation Report of the Skills Through Activity and Recreation Program (STAR)

TABLE 8.8: CHANGES MADE TO THE STAR PROGRAM

June 1995	September 1995	April 1996	October 1996	April 1997
more pressure to recruit	• Learn-In-Play, a	 added an introduction to 	swimming at the	• classes for 5 & 6 year
new and different	program for 5 & 6 year	art in the Kreative Korner	Congress site was not	olds offered between 4-6
children, to have higher	olds has been	program	offered, parents were to	pm Mon-Thurs only
numbers in our programs	implemented into our	 soccer was offered to 5 	sign up their children on	Learn-In-Play changed
 we expanded to new 	regular STAR	& 6 year olds for more	their own (at recreation	to 45 minutes in order to
locations	programming	activity	centre's request), this did	have all classes offered
the program is still run	 some volunteers have 	 trying karate specialized 	not work as only one	for 5-6 year olds before
by the same people,	taken a role in	for 5 & 6 year olds	parent registered their	6pm
however, there has been	implementation of some	 more volunteers 	child, swimming lessons	
more effort to include	programs	involved in teaching the	are to be offered at	
volunteers with the	 stronger connection with 	courses	Kiwanis in the fall, due to	
implementation of the	Kiwanis Boys and Girls		the requests made by	
programs	Club		parents	

9.0 SUMMARY OF DATA FROM FOCUS GROUP HELD WITH PARENTS OF PARTICIPANTS IN STAR'S LEARN-IN-PLAY PROGRAM

9.1 Benefits Parents Saw in the Program:

- "it gives them a bit of structure"
- "it gives them a chance to have new friends"
- "there's a lot of programs, its like a routine"

9.2 Changes Parents Noticed in Their Children Since They Started Attending Learn-In-Play:

- "they're a little calmer"
- "they can't play out front"
- "my son reminds me everyday that he has something to do, "is it time to go yet?, is it time to go yet" first thing in the morning, 8:30, "what day is it? How many hours until it's time to go?"

9.3 What Children Are Like When They Come Home After A Session:

- "when they bring the crafts home they're so proud "can I stick it here?"
- "they're calmer than they would be"
- "a little excited cause they have to show us everything they did, then they're fine afterwards"
- "then everyone gets together and plays without fighting"

9.4 Other Comments Parents Made About the Program:

- "this particular program should be funded"
- "it benefits the kids"
- "my son doesn't sit still for nothing, he's very hard to handle and he's been great in the group"

10.0 CASE SCENARIOS OF STAR PARTICIPANTS

10.1 Case One

Participants A and B are twins who started with the STAR program at age six in the summer of 1996. These twins are in a special class at school due to a slight hearing impairment. When they first joined the program, they were extremely shy and had very few friends. At first, the twins only signed up for the craft related classes such as Kreative Korner and Reading Circle. When they did join up for Learn In Play, they were reluctant to participate in the sport-related activities. By the winter session in 1997, these participants were becoming more involved in the sport aspect of the Learn-in-Play program. They also started to participate in the swimming program offered through STAR. They have developed several new friendships with other children their age and they are much more talkative and outgoing than when they first joined the program.

10.2 Case Two

Participant C is a child who comes from a multi-cultural family which does not speak English in the home. This child turned five in the fall of 1996 and joined the STAR swimming program with his older sister. In the Winter of 1997, he participated in: swimming, Kreative Korner, and Learn in Play. His sister started out by accompanying him to these programs, however he started to come on his own. His communication with other children has improved, along with his manners and social skills. He has developed a friendship with a fellow participant in the programs and always attends the programs unless he is sick.

11.0 RECOMMENDATIONS FOR FUTURE PLANNING AND EVALUATION

- track children who participate in the programs for 5 & 6 year-olds to determine the number of these children who continue to participate in STAR programs
- conduct another focus group with parents of children aged 5 & 6 who have participated in at least two of the STAR programs for this age group
- develop a strategy to capture the links of STAR to other programs (i.e. parents of some children attend the other CAPC programs but there is no way to capture this)

12.0 CONCLUSIONS

Based on data collected from April 01 1994 - March 31 1997, the STAR program has successfully used its CAPC funding to develop and implement recreational programs for children aged 5 and 6. Three new programs were developed specifically for children aged 5 and 6: Learn In Play, Kreative Korner and Green Club

Since the winter of 1996, in each term (winter, summer, fall) over one-hundred children aged five and six have who live in public housing have participated in STAR programming which includes creative programs and physical activity programs. For each of these terms, over 40% of the children have sustained participation, that is, they have attended more than half of the program sessions offered.

Data from a focus group held with parents of children in the STAR program indicate that the parents value the program and see positive changes in their child which they attribute to the program.

The STAR program should continue to offer its programs specifically designed for children aged 5 and 6.

13.0 REFERENCES

Campaign 2000 Report Card 1997: Child Poverty in Canada

Henry, Terrance (1997), Risk & Capacity Profile: Hamilton-Wentworth, A report prepared for the Hamilton Area Office of the Ministry of Community and Social Services.

Offord, D.R., Last, J.M. & barrette, P.A. (1985). A comparison of the school performance, emotional adjustment and skill development of poor and middle-class children. <u>Canadian Journal of Public Health</u>, <u>76.</u> May/June 174-178.

APPENDIX ONE PROGRAM DEVELOPMENT FORM

Community Action Program for Children Appendix One:

completed

Aussi disponible en français

National Evaluation Program Development Form

Form "C"

Activity Report at 6 Month Intervals

Cycle 5

①

Instructions for filling out this form can be found on the overleaf.

In Form "C", PROJECT refers to the total intervention effort of your funded proposal. PROGRAM refers to those activities being undertaken to achieve particular objectives (e.g. improve parenting skills) with a particular group (e.g. primary caregivers). Some PROJECTS will have one PROGRAM. Other PROJECTS will have more than one PROGRAM.

The distinctive features of a PROGRAM are:

- objectives + what it is supposed to accomplish.
- target population whom the program is supposed to serve

One PROGRAM is different from another PROGRAM when one or more of these features is different between PROGRAMS.

Project Number: 4927-06-93/0029 Language: E
Project Name: Community Action Program for Children
(CAPC): Hamilton-We
Province: ONTARIO
FED Number: 0529 FED Name: Hamilton East
Reporting Period: April 1, 1997 to September 30, 1997

For the Regional Program Consultant:	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Check here and sign below after check list points on the overleaf h	ave been verified.
This form was ventied by: Name	day month year Date
Signature	
Regional Program Consultant to verify: Form o	
Check here if	the project is no longer operating.
	Here .
Name of person completing Form "C": Given Name	Family Name
Title of person completing Form "C"	
Telephone number:	Fax number: (if applicable)
Area cooe	Area code
How to comp	lete this form
To answer the questions:	
Mark a circle	\otimes
Print in a box	3
OR Print on a line	CAPC

8-5300-346 1 1997-07-28 HC-5-337-9446

Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.) Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".	rogram Number: // At is this program's status? Program has been active and operating for most or all of the past six months. → Go to CZ. Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal on hiatus until next session starts, offered on demand) → Jo to CZ. Program is no longer in operation and is not expected to operate again → End date of day month year program. Go to C1
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-		
61.	The PROGRAM is no longer in operation because Mark ALL that apply	program completed (objectives mel) i program completed (objectives mel) i dederal funding reductions j provincial/territorial funding reductions other funding reductions program moved to another sponsor change in community needs other (specify)
C2_	Which of the following best describes the stage of development of this PROGRAM at the present time? Mark ONE circle only.	This PROGRAM is still at the conceptualization and planning stage: the objectives, target population and major activities have not yet been specified. Basic planning for this PROGRAM is complete: the objectives, target population and major activities have been specified; however, the operational aspects of the PROGRAM - who will do what, where, when, how - have not been specified. Planning for the PROGRAM is complete and the operational aspects of the PROGRAM have been agreed upon; however, activities have not yet begun. Planning for the PROGRAM is complete: the operational aspects of the PROGRAM have been agreed upon; the PROGRAM is actually running - individuals are participating; however, the PROGRAM is very much in the experimental stage. The planning and operational aspects of the PROGRAM is not running at capacity and/or some issues need to be resolved about engaging participants, program content, etc. The planning and operational aspects of the PROGRAM have been worked out: the PROGRAM is running at or near capacity and major ssues such as engaging participants. PROGRAM content, etc. have been resolved.
C3.	Is this PROGRAM presently fully operational and running as planned?	⁷ ○ Yes → Go to C5. 8 ○ No
C4	When do you expect this PROGRAM to be fully operational and running as planned? Mark ONE circle only.	1 within 3 months of initial funding
	war one there only.	2 within 3 to 6 months after initial funding is received 3 within 7 to 11 months after initial funding is received 4 1 to 2 years after initial funding is received
		5 more than 2 years after initial funding is received

Enter the name of each PROGRAM operating under this	Program Number
PROJECT, then answer the questions for each of the	What is this program's status?
programs. (Use additional forms if there are more than three programs in the project.)	1 ○ Program has been active and operating for most or all of the past six months. → Go to C2.
Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".	2 Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal on hiatus untit next session starts, offered on demand) → Go to C2. 3 Program is no longer in operation and is not expected to operate again → End date of day month year
	program
C5. Which one of the following major categories would	
describe the main focus of this PROGRAM?	of child-focused PROGRAM (e.g. additional resources for existing child care services, toy lending libraries, apportunities for stimulation, socialization, skill
Mark ONE circle only.	development)
	⁹² parent-focused PROGRAM (e.g. training and support groups for parents only, pre and post-natal programs)
	93 family-focused PROGRAM (program in which both parent and child participate)
	04 community development-focused PROGRAM (e.g. improving quality of life in the community by increasing community resources, improving safety, increasing neighbourhood cohesion)
	05 service network-focused PROGRAM (e.g. to improve the integration/co-ordination of services, increase the availability, accessibility or quality of services)
C5. Does the PROGRAM follow a packaged outline?	100
C6. Does the PROGRAM follow a packaged outline?	¹ ○ yes → name of outline:
(e.g. a manual, video, or other documentation such as "Nobody's Perfect")	
Nobody's Periett)	² O no
From how many different sites (e.g. buildings, regular stops of mobile unit) is this PROGRAM delivered?	³ One
	⁴ ○ two
	5 (three
	⁵ O four or more
In the following questions, indicate all benefits expected, even if they are not the primary focus of the program (e.g. a child-focused program may also have benefits for the parents or community).	
What are the benefits expected from this PROGRAM, for the CHILDREN affected?	' Children are not directly affected by this PROGRAM
Please check ALL that apply.	² improved physical health
Please Check ALL that activ.	j improved cognitive function, including language development and school readiness
	4 improved social-emotional health including bette interpersonal functioning, higher self-esteem and happiness
	5 fewer risks to the child at birth such as prenata complications, low birth weight or prolonged hospitalization
	5 fewer risks to the child during infancy or later including injuries
	⁷ O other (specify)

For office use only.

Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.) Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".	Program Number: What is this program's status? ¹ Program has been active and operating for most or all of the cast six months. → Go to C2. ² Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal, on habis until next session starts, offered on demand) → Go to C2. ³ Program is no longer in operation and is not expected to operate again → End date of day month program.
	Go to C1

What are the benefits expected from this PROGRAM, for the <u>PARENTS</u> affected?	01 O parents are not directly affected by this PROGRAM
Please check ALL that apply	[∞]
	higher levels of social support including opportunities to socialization
	04 increased coping resources, including improved sense of well-being, self-esteem and sense of control
	os higher standard of living (e.g. increased income improved housing, employment)
	of improved family functioning
	07 ○ other (specify)
	For office use only.
What are the benefits expected from this PROGRAM, for the NEIGHBOURHOODS OR COMMUNITIES affected?	neighbourhoods or communities are not directly affected by this PROGRAM
Please check ALL that apply.	² higher levels of neighbourhood/community spint
T TOUS CHOCK ALL WAS Apply.	³ improved safety or security
	4 more resources such as parks, playgrounds recreational facilities, etc.
	5 other (specify)
	For office use only.
What are the benefits expected from this PROGRAM, for the <u>SERVICE DELIVERY NETWORK</u> affected?	of the service delivery network is not directly affected by this PROGRAM
Classes shook ALL that goods	og higher levels of integration, co-ordination
Please check ALL that apply. Examples of "service delivery network":	□ increased availability and accessibility of services
- child protection agency - tenants' association	04 improved quality of service
(enants association	05 ○ other (specify)
	For office use only.
C9. What ages are the children served by this PROGRAM?	1 children are not served directly by this PROGRAM
Please check ALL that apply.	² O before birth
, 18430 G/100N /142 WAL 1947)	³ O birth to 11 months
	⁴ ○ 1 to 3 years
	⁵ 4 to 5 years
	6 ← 6 years and over

	Program Name
Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the	Program Number: What is this program's status?
programs. (Use additional forms if there are more than three programs in the project.)	Program has been active and operating for most or all of the past six months. → Go to C2.
Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".	2 ○ Program was not operating for most or all of the past six months, but has not been cancelled leig seasonal, on hiatus until next session starts, offered on demand) → Go to C2.
	Program is no longer in operation and is not expected to operate again → End date of day month year program Go to CT

10. Whom does this PROGRAM target (i.e., priority	Women:
population)?	of women expecting their first shild
Please cneck ALL that apply.	02 Coregnant women
	Parents:
	parents who need training in child care, management or supervision
	04 Oparents with children 6 years and under
	Families:
	05 single parent families
	of amilies living in poverty
	or Camilies referred by the existing service system as needing special help or support
	of amilies who are new or relatively new to Canada
	off-reserve Aboriginal, Metis or Inuit families
	families who are highly mobile or transient (e.g. farm labourers, etc.)
	Children:
	children who need supplemental care (e.g. day care, respite care)
	children who need extra opportunities for learning, socialization or skill development
	13 other (specify)
	For office use only.
C11. What are the major activities of this PROGRAM?	¹ O ane-an-one sessions
Please check ALL that apply.	² O discussion groups
	³ of formal classes
	4 O drop-in activities
	5 ○ home visits → Go to C12.
	6 mobile units
	Go to C13

Note: The program names and numbers must be the same as reported on the "List of Programs in your Project". Months, but has not been cancelled (a.g. seasonal, on niatus until next session starts, offered on demand) Go to C2. Program is no longer in operation and is not expected to	operate again → End date of day month year program. Go to C1
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C12	Who visits the family home?	
	Please check ALL that apply.	professional staff (professional nurse, social worker, physician, dietician, nutritionist, occupational or physical therapist, lactation consultant, midwife) 2 para-professional staff (parent-aide, shelter worker, social services worker, project manager) 3 trained volunteers (La Leche League mums, finendly visitors) 4 untrained volunteers 5 other (specify)
C13.	Over the last month, approximately how many different CHILDREN participated each week?	999 PROGRAM is not for children
	Example of "different children": - if child participates in PROGRAM twice in one week, count child only once.	or (If none are participating yet, enter *000")
C14.	Over the last month, approximately how many different PARENTS OR CAREGIVERS participated each week?	998 O PROGRAM is not for parents or caregivers
	Example of "different parents or caregivers": — If parent or caregiver participates in PROGRAM twice in one week, count parent or caregiver only once.	parents or (If none are participating yet. enter *000*)
C15.	How many hours in total is the PROGRAM offering services each week?	or hours per week (If program is not offening services yet, enter "000")
C16.	Over the last month, how many different sessions could a participant attend each week?	or 98 one applicable given PROGRAM structure or 99 less than one session per week (e.g. one session per month) or sessions per week (If program is not operating yet, enter "00")

Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.) Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".	Program Number: What is this program's status? ¹ ○ Program has been active and operating for most or all of the past six months: → Go to C2. ² ○ Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal on natus until next session starts, offered on demand) → Go to C2. ³ ○ Program is no longer in operation and is not excepted to operate again → End date of day month year program Go to C1

C17.	Over the last month, for how many hours would each participant be involved each week on average? (Round partial hours to the nearest full hours.)	⁹⁶ ○ not applicable given PROGRAM structure or
		97 O less than one hour per week
		or
		hours per week (If program is not
		operating yet, enter '00')
C18.	In the last 6 months, in how many weeks did the PROGRAM operate?	weeks (If program is not operating yet, enter "00")
	(Note: 26 weeks = 6 months)	
C19.	Describe the setting or location where this PROGRAM takes place.	
	Please check ALL that apply.	of space belonging to community agency or service provider (e.g. Children's Aid, children's mental health centre, YMYWCA)
		c2 space belonging to government agency or department
		space belonging to local service club (e.g. Lions, Rotary)
		54 space belonging to local religious group (e.g. church, mosque, synagogue)
		05 advocacy group (e.g. women's group, tenants' or neighbourhood / community association, welfare rights group)
		of space belonging to provincial/terntorial organization or association
		of space belonging to national organization or association
		08 in homes of participants, staff, or volunteers
		09 in a mobile unit at various locations
		10 other (specify)
	Wheele Absorbed rate of retarded	
C20.	What is the current role of potential consumers or participants in DELIVERING the PROGRAM?	a volunteer role for identifying and enlisting participants
	Please check ALL that apply.	² a volunteer role in providing services
	(Note: if program is not yet operational, please indicate the planned role.)	3 a paid staff role
		⁴ ○ no role in delivering the PROGRAM
		⁵ Other (specify)

Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.) Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".	Program Number: What is this program's status? ¹ ○ Program has been active and operating for most or all of the past six months. → Go to C2. 2 ○ Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal, on hiatus until next session starts, offered on demand) → Go to C2. 3 ○ Program is no longer in operation and is not expected to
	operate again → End date of day month year program Go to C1
What is the current role of potential consumers or participants in the MANAGEMENT of this PROGRAM? Please check ALL that apply. (Note: If program is not yet operational, please indicate the planned role.)	on or ole in the management of the program they have informal opportunities to express their views or opinions about the PROGRAM they have formal opportunities to express their views or opinions about the PROGRAM (e.g. through interviews, surveys, focus groups)
	04 they sit on working groups, planming committees or advisory committees that make recommendations about the PROGRAM to a management committee; however, they will not have control over decisions made about the PROGRAM
	of they sit on a management or governing committee and vote or directly influence decisions about the PROGRAM of they govern program development and implementation
	and make all key decisions about the PROGRAM of other (specify)
List the names of the agencies, organizations or groups actively involved in either the delivery or the management of this PROGRAM.	community agency and service provider (e.g. Children's Aid, children's mental health centres, YM/YWCA)
Please check and list ALL that apply.	2 government agency or department (excluding CAPC)
	Jocal service club (e.g. Lions, Rotary)
	⁴ ○ local religious group (e.g. church, mosque, synagogue)
	5 advocacy group (e.g. women's group, tenants' or neighbourhood association, welfare rights or poverty group)
	5 ondividual residents from the neighbourhood
	⁷ oprovincial/territonal organization or association
	⁶ Onational organization or association
	9 Other (specify)

Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.) Note: The program names and numbers must be the same	Program Number: What is this program's status? ¹ ○ Program has been active and operating for most or all of the past six months: → Go to C2. ² ○ Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal, on hairs				
as reported on the "List of Programs in your Project".	until next session starts, offered on demand) → Go to C2. 3 ○ Program is no longer in operation and is not expected to operate again → End date of day month rear program Go to C1				
What is learned from a PROGRAM may be more important than what was done. List below the new ideas or lessons learned during the last 6 months that will influence some aspect of this PROGRAM. (e.g. if we had to do it over again, what would we change? OR if a group setting up a similar program asked for advice, what would we tell them?)	Of Oldeas lessons on Development: Oldeas lessons on Development: Oldeas lessons on Objectives:				
	03 O Ideas/lessons on Management:				
	04 O Ideas/lessons on Activities:				
	05 ○ Ideas/lessons on Other aspects:				
C74. Lessons learned can provide opportunites for making PROGRAM changes that will increase a PROGRAM'S chance for success. List the changes you have made to the PROGRAM in the last 6 months based on your experiences.	¹ Changes in Objectives:				
	² Changes in Management:				
	Changes in Activities:				
	⁴ Changes in Other aspects:				
Have the objectives of this PROGRAM changed from the original funded objectives?	5 ○ Yes → If yes, describe the changes:				
	6 ○ No				

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APPENDIX TWO
MAP OF CAPC CATCHMENT AREA



East Boundary - Fifty Road
West Boundary - Strathearne Ave. & Cochrane Road
North Boundary - to the Lake

Stoney Creek Mountain:

East Boundary - Centennial Parkway (Hwy. #20) West Boundary - Upper Mount Albion Road

CAPC Boundaries





